Max Hours in Sheik Isa, the Go Pill Experience

By Lt. Norak Chhieng

We were winding up our final weeks out of Prince Sultan Air Base (PSAB) when we were tasked to cover a boat squadron in the Persian Gulf. Although the det only was a week long, many of us were thrilled to beat-feet out of this desolate, desert prison.

I was completing my fourth overseas tour as a squadron flight doc, content everyone was leaving with all their body parts intact. This tour also was the first time I had gotten intimately familiar with what the Air Force calls the Go and No-Go pills. My first exposure to these amusingly labeled drugs was in Turkey when one of my Air Force guys approached me after our 22-hour trip across the pond and asked for a No-Go pill. Believing he was out of his mind and was making this up, I blew him off. Little did I know these drugs had proven themselves as respectable as an aeromedical upchit.

We were operating out of Sheik Isa Air Base, Bahrain, a wonderful emerald island in our minds, especially after spending our days and nights alongside nocturnal camel spiders, despicable sand storms, and relentless brown-outs. Also occupying the backs of our minds were the uncomfortable thoughts that our presence here was dangerous, dumb, and different. ORM has become so stubbornly engrained in me during my short time in the service, it is a natural way of thinking and conducting business.

Although no one objected to being at Sheik Isa Air Base, many reasons raised our pucker factor. As we wound down a long deployment in the boring desert of Saudi Arabia, the change of scenery was welcomed, but we did long for the familiar environment and faces back home. Morale was a big factor, especially since most of the VAQ-134 Garudas already had hopped on a

plane heading the opposite direction. However, I think 9-11 still struck such a resounding chord that our energy and dedication remained strong. Operating in an unfamiliar, foreign environment was, for some of us, also a challenge.

Thanks to the Air Force, we were fortunate to accomplish many things because of the inroads they had made. The heat was not new to us, and, since Sheik Isa Air Base sits on the water's edge, the sea breeze kept humidity to a minimum. With these conditions, I kept monitoring the mental and physiologic state of the aircrew and maintenance workers, good and bad.

The maintainers worked in shifts, so adequate rest was not a huge factor. The temperature frequently tipped over 100 F, and work crews rotated from the line where the planes were parked. Aircraft shades weren't available, and the only sure way to prevent heat stress was to drink plenty of water and to control the AC environment in office spaces. Unfortunately, a few maintainers sustained minor burns from accidental contact with hot, metal, aircraft parts. Plenty of thick-cotton gloves, long sleeves, and a good dose of attention-to-detail helped fix that problem.

Crew rest, on the other hand, was a challenge because flights were long, unpredictable, and available personnel were at a premium. As at PSAB, the aircrew sparingly used the No-Go pill, Ambien (a mild sedative), to help acclimate them to abrupt changes in flight schedule and circadian patterns. Nightly doses of 10-mg Ambien tablets were used for insomnia. We gave the tablets individually so side effects or the potential for abuse could be monitored closely. Aircrew who used Ambien were grounded for a six-hour period, from ingestion to brief time.

Aircrew successfully ground-tested with the Go pill, dextroamphetamine, carried two, five-mg pills, in clearly labeled plastic bags during all their flights.

Dextroamphetamine, or speed, is a dose-dependent stimulant with a proven history by the Air Force when used appropriately. This Go pill increases alertness and improves safety of flight when used during sustained-flight operations. Appropriate use means you don't show up to the brief tired and pop a pill to stay awake. It is used only as a last resort, after wheels are in the well, and all fatigue-management skills have been exhausted.

Because it is classified as a Class II drug, dextroamphetamine has a high potential for addiction and abuse. You can see why I was reluctant to have our guys carry these pills around. Most of the front office also wasn't very fond of having these so-called, artificial-performance enhancers floating around the ready room, not to mention the cockpit. After all, the Navy never has, in its 200-year history, relied on medication to help its pilots with their missions. Why start now? The fuel for this argument came during OSW when the Air Force Wing directive required all air assets operating in the AOR to be ground-tested and to carry the Go pill in-flight.

After the skipper endorsed the pills, I began to ground-test my guys. Surprisingly, it went smoothly. Every effort was made to make sure clear instructions were given and documented, including that the testing was voluntary. However, to carry the pill in-flight, ground-testing was mandatory, which put us in a political Catch-22. Fortunately, my guys spared me the heartache and consented to the ground tests. After all, there was some logic to the decision.

Grounding was for a 24-hour period and included testing two small doses (five mg) of dextroamphetamine, four hours apart. Most of us did not feel a thing, not even the expected buzz typical of most stimulants. The real test was yet to come.

On May 11, 2002, at 0700, one of my pilots just had finished debriefing a flight into Afghanistan. He was exhilarated at successfully completing a mission we had waited for so long. It was also the only mission flown on the last day of our stay. I was even more excited to see he had used a Go pill on RTB. He decided to take one pill after complaining of "degraded alertness

from the extended-transit time to and from the operating area."

It wasn't until the second pill, taken 15 minutes later, while in the last 3.5 hours of an 8.5-hour mission, that he noticed his fatigue lessened. Other contributing factors to his fatigue, but not already mentioned, include: first mission into the operating area, landing and taking off from an unfamiliar airfield, and multiple night-tanking evolutions. The Go pill worked as advertised. All the time and hard work invested in the program eventually had paid off—what a great moment!

The rest of the Garudas finally made it home. Although glad to collect all the unused drugs, I also was satisfied the Go pills made an important difference in our aviators' performance. More specifically, it improved safety of flight by increasing situational awareness. ORM principles tell us to accept risk when the benefit exceeds cost. With careful ground-testing, close monitoring, and careful instruction, any unnecessary or undue risk was significantly reduced.

All levels of power, from the surgeon general of the Navy to the skipper and air wing commander, carefully weighed and endorsed these risks. There is no greater reward than to bring a fellow aviator home safely.

Lt. Chhieng is the VAQ-134 flight surgeon.

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This article reflects how medical science can assist operational readiness of the fleet, but we must remember the only real treatment for fatigue is a good solid eight hours of uninterrupted, unmedicated sleep. Medications can help in a time of crisis but never should be used as a routine substitute for sleep. Good ORM and mission planning are essential to ensure adequate crew rest.

OPNAV 3710.7S-Chapter 8.3.3, Performance Maintenance During Continuous and Sustained Operations, refers commanding officers and flight surgeons to NAVMED P-6410 (01 Jan 2000). This Naval Medical Command publication provides excellent tools for the management of the issues described in this article. This publication can be downloaded from the BuMed website: http://navymedicine.med.navy.mil/instructions/directives.

CNAF instruction 6410.1 provides additional guidance on this subject. The Naval Safety Center aeromedical team also has produced a PowerPoint presentation available at: http://safetycenter.navy.mil/aviation/aeromedical/default.

—Capt. Nicholas Webster, M.D., MPH, aeromedical analyst, Naval Safety Center.